



INTAKE FORM | Disabilities & Learning Services Accommodation Request

PLEASE PRINT NEATLY

Date of Request: _____ [] in person [] phone appt. [] email

First Name: _____ Last Name: _____

Student ID: G00 Date of Birth: _____

Email: _____ Cell Phone: _____

Major: _____ Hall & Room: _____ Campus Box: _____

Permanent Mailing Address: _____

Class Level: Freshman Sophomore Junior Senior Graduate Nonmarticulated

Transfer Student: YES NO From Where? _____

Please disclose your disability: _____

Please list any accommodations or services you have used in the past: _____

Please list the accommodations you anticipate needing at Concordia University: _____

Do you have documentation that meets the following requirements? YES NO

1. Documentation must be completed professional qualified to assess and determine disability (i.e. psychiatrist, psychologist, doctor)
2. Documentation must be no more than 5 years old
3. Documentation must adequately describe the disability that could prevent academic success, and provide recommendations for accommodations. **High School IEPs cannot be accepted as documentation.**

In keeping with its mission –Concordia University is committed to the full access and inclusion of all qualified students in its programs. Disabilities & Learning Services (DLS) coordinates reasonable and appropriate accommodations for students with documented disabilities, in accordance with Section 504 of the Rehabilitation Act of 1973 (504) and the Americans with Disabilities Act of 1990 (ADA). If you are an individual with a documented disability, you may be eligible for accommodation. Disabilities may include, but are not limited to, sensory impairments, mobility impairments, chronic illness, learning disabilities, and psychiatric disabilities.

Under ADA/504, it is your responsibility as a student to disclose your documented disability if you wish to request accommodations for that disability. If you would like to request accommodation for a disability, please complete and sign this form. **If you are under 18 years old, your parent or guardian must also sign this form.** Every reasonable effort will be made to accommodate your needs in a timely manner. We strongly encourage you to complete this form and return it to the Disabilities & Learning Services Coordinator with appropriate disability documentation as soon as possible after receipt.

Under Federal law, the individual requesting accommodation must provide documentation from a physician or appropriate diagnostician for any requested accommodations. It is your responsibility as a student requesting accommodation to present documentation and request accommodation in a timely manner. Reasonable time must be allowed to complete the accommodation process. Therefore, you are strongly encouraged to request accommodations prior to, or during the first two weeks of each academic semester. Guidelines regarding documentation for your specific type of disability are available from the Disabilities & Learning Services Coordinator.

For a more detailed description of the accommodation request process and required documentation of disability, please contact: *Liisa Ferguson, Disabilities & Learning Services Coordinator, phone 503.280.8515, or by email at lferguson@cu-portland.edu.*

Please provide appropriate documentation with this request for accommodation. Please feel free to attach additional page(s) to this form, if necessary. All information you submit will be kept confidential, according to law. Please contact the Disabilities & Learning Services Coordinator for more information.

By signing this request form, I certify that I have read and I understand the information presented about my rights and responsibilities on the opposite side of this request form. If I am under 18, my parent/guardian has also signed this form.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Concordia University
Disabilities & Learning Services
Liisa Ferguson, Disabilities & Learning Services Coordinator
503.280.8515 lferguson@cu-portland.edu
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